E-Cigarettes in Stop Smoking Services

Policy Position Summary

Cancer Research UK is determined to reduce deaths from smoking-related cancers and supports measures to help people quit. Evidence so far suggests electronic cigarettes (e-cigarettes) are much safer than smoking tobacco cigarettes and may help smokers stop smoking.

Stop Smoking Services should be accepting of e-cigarette use and support those who wish to use them alongside behavioural support as an aid to stop smoking. Services should provide clients with basic information and advice about e-cigarettes. This would help to address the issue of declining numbers of smokers using services and improve e-cigarette users' chances of stopping smoking.

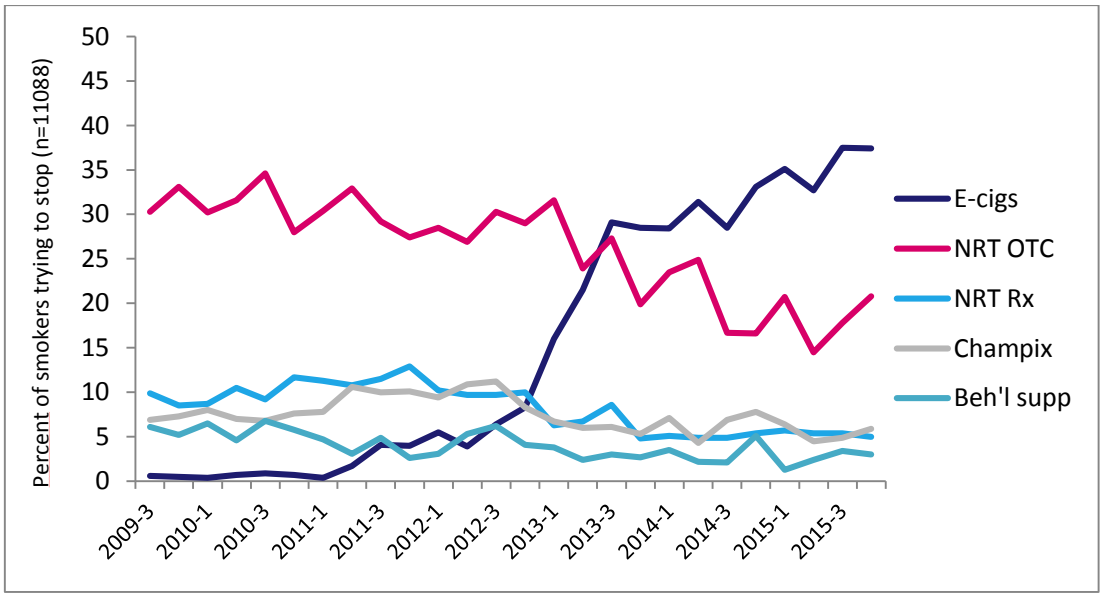
Cancer Research UK recognises it can be difficult to deal with non-licenced products, but given the evidence points towards an opportunity for e-cigarettes to help people stop smoking, services should at least provide basic information alongside existing behavioural support.

What are e-cigarettes?

E-cigarettes are devices that produce vapour from nicotine dissolved in propylene glycol or glycerine. Unlike cigarettes, they do not contain tobacco, do not create smoke and do not rely on combustion. It is estimated that 2.8 million people in the UK currently use e-cigarettes[i]. Use has increased dramatically since 2010[ii].

E-cigarettes represent an exciting opportunity to reduce tobacco consumption due to their unprecedented popularity; they are now the most popular choice of smoking cessation aid in the UK (refer to Figure 1). In 2014, almost 900,000 people in England attempted to stop smoking using these products[iii].

Figure 1: Aids used in most recent quit attempt (n=11088) [iv]



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Are e-cigarettes safe?

Evidence so far suggests e-cigarettes are much safer than tobacco cigarettes[v,vi]. A report by the Royal College of Physicians (RCP) endorsed the Public Health England (PHE) estimate that e-cigarettes are at least 95% safer than smoking tobacco[vii]. The RCP report concluded that e-cigarettes are likely to be beneficial to UK public health when used as a harm reduction tool[viii].

Although detectable levels of toxic chemicals have been found in some products, these are generally at much lower levels than tobacco cigarettes[ix,x]. However, because e-cigarettes are relatively new on the market, the long-term health implications of these products are unclear. Cancer Research UK has increased its investment in e-cigarette research to contribute to the rapidly growing evidence base to help inform smokers and policy-makers looking to reduce the harm from tobacco.

Smokers should have access to e-cigarettes to help them to stop but non-smokers and children should avoid using them. Evidence so far shows the overwhelming majority of e-cigarette users, also referred to as vapers, are current or ex-smokers, and use by non-smokers and children is extremely low[xi,xii].

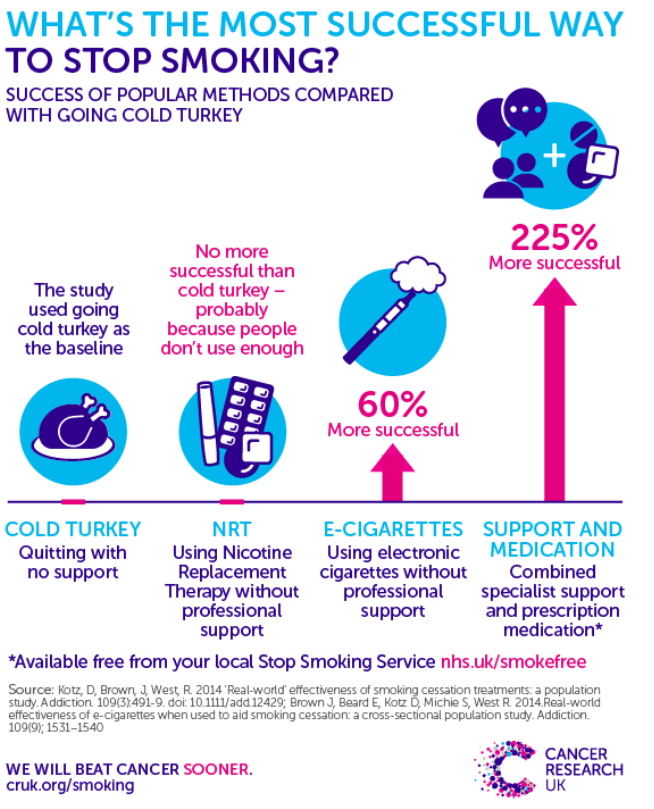
Do e-cigarettes help smokers to quit?

Evidence of the effectiveness of e-cigarettes as a smoking cessation aid so far is limited, but emerging evidence, including a Cochrane review[xiii] and two randomised controlled trials[xiv,xv] indicate they may help smokers to stop. Some longitudinal evidence has suggested e-cigarettes actually make users less likely to quit[xvi]. However a problem with many of these studies is that they follow smokers who are also using e-cigarettes (dual users) – which excludes anyone who has already succeeded in quitting using these products.

A study that explored the real-world effectiveness of e-cigarettes in England found that among smokers who attempted to stop without professional support, those who used e-cigarettes were 60% more likely to report continued abstinence than those who used a licensed nicotine replacement therapy (NRT) product bought over-the-counter or no aid to cessation (refer to Figure 2)[xvii].

However, evidence proves smoking cessation aids are more effective when used alongside specialist behavioural support than when used unsupported[xviii]. Early indications suggest this also applies to e-cigarettes[xix], and Stop Smoking Services that support e-cigarette use alongside behavioural support report

Figure 2: What's the Most Successful Way to Stop Smoking?



achieving positive quit rates, similar to those seen with Champix and behavioural support[xx]. We still recommend using Stop Smoking Services for the highest chance of quitting, as we know it can increase the likelihood of successfully quitting by roughly three times compared to no quit aid[xxi].

E-Cigarette use in Stop Smoking Services

Stop Smoking Services are currently seeing a reduction in the number of clients[xxii] and one contributing factor is likely to be the increase in e-cigarette use. These services should be accepting of e-cigarette use and support those who wish to use them alongside behavioural support as an aid to stop smoking. Services should provide patients with basic information and advice about e-cigarettes. This will maximise the reach of the service and improve e-cigarette users' chances of stopping smoking.

Cancer Research UK recognises it can be difficult to deal with non-licenced products, but given the evidence points towards an opportunity for e-cigarettes to help people stop smoking, services should at least provide basic information alongside existing behavioural support.

Where can Stop Smoking Services get advice about e-cigarettes?

The National Centre for Smoking Cessation and Training (NCSCT), in partnership with Public Health England (PHE), has published a briefing to assist Stop Smoking Services support patients who want to use e-cigarettes to help them quit smoking. The full briefing can be found on their website. The following is a summary of their recommendations:

NCSCT Recommendations for Practice:[vi]

1. Be open to e-cigarette use in people keen to try them; especially in those who have tried and failed to stop smoking using licensed stop smoking medicines.
2. Provide advice on e-cigarettes (outlined below).
3. Multi-session behavioural support provided by trained stop smoking practitioners will improve the chances of successfully stopping smoking whether or not people use e-cigarettes. It may be useful to encourage clients to familiarise themselves with the use of their e-cigarette before setting a quit date.
4. Stop smoking services can provide behavioural support to clients who are using e-cigarettes and can include this in their national data returns.
5. Clients of stop smoking services who are using an e-cigarette and who also want to use NRT can safely use the two in conjunction. They do not need to have stopped using the e-cigarette before they can use NRT.

NCSCT Advice on E-Cigarettes:[vi]

- E-cigarettes provide nicotine in a form that is much safer than smoking.
- Some people find e-cigarettes helpful for quitting, cutting down their nicotine intake and/or managing temporary abstinence.
- There is a wide range of e-cigarettes and people may need to try various types, flavours and nicotine dosages before they find a product that they like.
- E-cigarette use is not like smoking and people may need to experiment and learn to use them effectively (e.g. longer 'drags' may be required and a number of short puffs may be needed initially to activate the vaporiser and improve nicotine delivery). They may also need to recognise when atomisers need replacing.
- People previously using e-cigarettes while smoking (e.g. to reduce the number of cigarettes that they smoke) may need to consider changing devices and/or nicotine concentrations when making a quit attempt.
- Although some health risks from e-cigarette use may yet emerge, these are likely, at worst, to be a small fraction of the risks of smoking. This is because e-cigarette vapour does not contain the products of combustion (burning) that cause lung and heart disease, and cancer.

References:

[i] ASH (2016). Use of electronic cigarettes in Great Britain, http://www.ash.org.uk/files/documents/ASH_891.pdf
[ii] Ibid.
[iii] West, R., Shahab, L., & Brown, J. (2016). Estimating the population impact of e-cigarettes on smoking cessation in England. *Addiction*.
[iv] ibid
[v] McNeill, A., et al. "E-cigarettes: an evidence update. A report commissioned by Public Health England." *Public Health England. <www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England.pdf>(Accessed August 22, 2015)* (2015).
[vi] Tobacco Advisory Group of the Royal College of Physicians. (2016). Nicotine without smoke: Tobacco harm reduction. Retrieved May 3, 2016, from https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0.
[vii] Ibid.
[viii] Tobacco Advisory Group of the Royal College of Physicians. (2016). Nicotine without smoke: Tobacco harm reduction. Retrieved May 3, 2016, from https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0.
[ix] Williams M, Villarreal A, Bozhilov K, Lin S, Talbot P (2013) Metal and Silicate Particles Including Nanoparticles Are Present in Electronic Cigarette Cartomizer Fluid and Aerosol. PLoS ONE 8(3): e57987. doi:10.1371/journal.pone.0057987
[x] Goniewicz et al. (2013) Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. Tobacco Control, doi:10.1136/tobaccocontrol-2012-050859
[xi] West, R., Brown, J., and Beard, E. 'Trends in electronic cigarette use in England'. Smoking Toolkit Study, Presentation
[xii] ASH (2016). Use of electronic cigarettes in Great Britain, http://www.ash.org.uk/files/documents/ASH_891.pdf
[xiii] McRobbie H, Bullen C, Hartmann-Boyce J, Hajek P. Electronic cigarettes for smoking cessation and reduction. Cochrane Database of Systematic Reviews 2014, Issue 12. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub2
[xiv] Bullen C., Howe C., Laugesen M., McRobbie H., Parag V., Williman J. et al. Electronic cigarettes for smoking cessation: a randomised controlled trial. Lancet 2013; 382: 1629–37.
[xv] Caponnetto P., Campagna D., Cibella F., Morjaria J. B., Caruso M., Russo C. et al. EffiCiency and Safety of an eLectronic cigAreTte (ECLAT) as tobacco cigarettes substitute: a prospective 12-month randomized control design study. PLOS ONE 2013; 8: e66317.
[xvi] Kalkhoran S, Glantz SA. E-cigarettes and smoking cessation in real-world and clinical settings: a systematic review and meta-analysis. *The Lancet Respiratory Medicine*. 2016;4(2): 116–28. Available from doi: 10.1016/S2213-2600(15)00521-4.
[xvii] Kotz, D, Brown, J, West, R (2014) 'Real-world' effectiveness of smoking cessation treatments: a population study. Addiction. 2014 Mar;109(3):491-9. doi: 10.1111/add.12429. Epub 2013 Dec 20.
[xviii] Ibid.
[xix] Hajek, P., Corbin, L., Ladmore, D., & Spearing, E. (2015). Adding e-cigarettes to specialist stop-smoking treatment: City of London pilot project. *Journal of Addiction Research & Therapy*, *2015*.
[xx] Hiscock, R., Bauld, L., Arnott, D., Dockrell, M., Ross, L., & McEwen, A. (2015). Views from the Coalface: What Do English Stop Smoking Service Personnel Think about E-Cigarettes?. International journal of environmental research and public health, 12(12), 16157-16167.
[xxi] Kotz, D, Brown, J, West, R (2014) 'Real-world' effectiveness of smoking cessation treatments: a population study. Addiction. 2014 Mar;109(3):491-9. doi: 10.1111/add.12429. Epub 2013 Dec 20.
[vi] NCSCT. (2014). *'Electronic Cigarettes'*. http://www.ncsct.co.uk/usr/pub/e-cigarette_briefing.pdf
[viii] NHS Smokfree. http://www.nhsggcsmokefree.org.uk/smokefree-services/e-cigarettes-frequently-asked-questions.html
[xxii] Health & Social Care Information Centre. (2015). *Statistics on NHS Stop Smoking Services in England - April 2014 to March 2015.* http://www.hscic.gov.uk/catalogue/PUB18002